

CITY OF FREDERICKSBURG REQUEST FOR QUALIFICATIONS RFQ # 06092010-1

PRE-QUALIFICATION OF PROSPECTIVE FIRMS FOR THE SPECIALTY CONTRACTOR
AWARD OF THE WAYSIDE SIGNAGE REMEDIAL WORK AND PHASE 1 COMPLETION
PROJECT

Return all Completed Statement of Qualifications to:

Downey & Scott, LLC Attn: Mike Van Dyke 6799 Kennedy Road, Suite F Warrenton, Virginia 20187

Phone: 540.347.5001 Fax: 540.347.5021

E mail: mike@downeyscott.com

STATEMENT OF QUALIFICATIONS

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CONTRACTOR'S STATEMENT OF QUALIFICATIONS

I. General Information

1.	Applicant Firm's Name:
	Mailing Address:
	Street Address: (If not the same as mailing address)
	Telephone Number: ()
	Facsimile Number: ()
	Contact Person:
	Contact Person Phone Number: ()
	Email Address:
	e registration, license numbers or certificate numbers for the businesses or professions which are ject of this solicitation.
ATTA COMP	CH A COPY OF THE LATEST DUN AND BRADSTREET REPORT FOR YOUR PANY.
2.	Check type of organization:
	Corporation Partnership
	Limited Liability Company
	Individual Joint Venture
	Other
3.	If a corporation:
	State of Incorporation:
	Date of Incorporation:
	Federal I.D. #:
	Fictitious Name (if any):
	Date of Domestication in Virginia (if not a Virginia Corporation):

President: Vice President Secretary Treasurer Are you a Subchapter S Corporation? Yes No 4. If a Limited Liability Company: Date of issue of Certificate of Organization: State where Certificate of Organization Issued: Number of Members: List of Members: Name Street Address Phone No. Years as Member, Name and Street Address of each Manager: Date of Domestication in Virginia (if not a Virginia Limited Liability Company): Fictitious Name (if any): Federal I.D.#: If a partnership: Date organized: Type of partnership: List of General Partners: Name Street Address Phone # Years as G.J.			<u>Officers</u>	<u>Name</u>		Years in Position
Treasurer Are you a Subchapter S Corporation? Yes No 4. If a Limited Liability Company: Date of issue of Certificate of Organization: State where Certificate of Organization Issued: Number of Members: List of Members: Name Street Address Phone No. Years as Member. Name and Street Address of each Manager: Date of Domestication in Virginia (if not a Virginia Limited Liability Company): Fictitious Name (if any): Federal I.D.#: 5. If a partnership: Date organized: Type of partnership: List of General Partners:			President:			
Are you a Subchapter S Corporation? Yes No			Vice President	t		
Are you a Subchapter S Corporation? Yes No 4. If a Limited Liability Company: Date of issue of Certificate of Organization: State where Certificate of Organization Issued: Number of Members: List of Members: Name Street Address Phone No. Years as Member. Name and Street Address of each Manager: Date of Domestication in Virginia (if not a Virginia Limited Liability Company): Fictitious Name (if any): Federal I.D.#: 1. If a partnership: Date organized: Type of partnership: List of General Partners:			Secretary			
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Fictitious Name (if any): Federal I.D.#: If a partnership: Date organized: Type of partnership: List of General Partners:			Date of Dome	stication in Virginia (if no	t a Virginia Limited Li	lability Company):
5. If a partnership: Date organized: Type of partnership: List of General Partners:				-		
Date organized: Type of partnership: List of General Partners:			Federal I.D.#:			
Type of partnership: List of General Partners:	5.	If a pa	artnership:			
List of General Partners:			Date organized	d:		
			Type of partne	ership:		
Name Street Address Phone # Years as G.I			List of Genera	ıl Partners:		
			<u>Name</u>	Street Address	Phone #	Years as G.P.

	6.	If individually owned:			
		Years in Business:			
		Fictitious Name (if any):			
	7.	Have you ever operated under another name? Yes No			
		If yes -			
		Other name:			
		Number of years in business under this name:			
II.	II. Bonding and Insurance				
	1.	Bonding Company's name: Address:			
		Representative (Attorney-in-fact):			
	2.	ne Bonding Company listed on the United States Department of the Treasury list of ptable surety corporations?			
		No			
	3.	List highest coverage and current bonding commitments. Provide a letter from Surety certifying that Surety will provide bonds (Payment & Performance) for the project.			
		nding Continued) A certificate indicating bonding limits only is not acceptable. Failure idicate bonding capability may result in Applicant Firm being removed from consideration.			
	4.	List insurance coverage and amount (or attach certificate of insurance):			
		Liability-Property:			
		Liability-Personal Injury:			
		Vehicle and Equipment:			
		Workers Compensation:			
		Other-Identify:			
III.	Judg	ments and Bankruptcy			
	1. owner,	In the last ten (10) years, has Applicant Firm, or any officer, director, member, partner or had judgments entered against it or them for the breach of contracts for construction?			
		Yes No			

was entered, give the location and date of the judgment, describe the project involved, and explain the circumstances relating to the judgment, including the names, addresses and phone numbers of persons who might be contacted for additional information. Has Applicant Firm or any principal of the firm ever declared bankruptcy? Yes _____ No ____ If yes, provide the date and associated details. Litigation Has Applicant Firm or any member been involved in any litigation or arbitration within the last ten (10) years as a result of construction contracts, including but not limited to liens, defective performance, or workmanship? If yes, provide the following information for each case (attach additional sheets as necessary): Style or caption of litigation or arbitration: All parties to such proceedings: Names, Addresses, and Telephone Number of Attorneys for each party: Date Litigation Started: Status and Disposition of Case: Provide an explanation of each claim by and against each party (attach additional sheets as necessary). **Convictions and Debarment** If you answer yes to any of the following, please on a separate attachment, state the person or entity against whom the conviction or debarment was entered, give the location and date of the conviction or debarment, describe the project involved, and explain the circumstances relating to the conviction or debarment, including the names, addresses and phone numbers of persons who might be contacted for additional information. In the last ten (10) years, has Applicant Firm or any officer, director, member, partner, owner, project manager, procurement manager or chief financial officer of Applicant Firm: ever been fined or adjudicated of having failed to abate a citation for building code a. violations by a court or local building code appeals board? Yes _____ No ____ ever been found guilty on charges relating to conflicts of interest? b. Yes _____ No ____ ever been convicted on criminal charges relating to contracting, construction, bidding, c. bid rigging or bribery?

2.

1.

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3.

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1.

V.

IV.

No _____

Yes _____

		Contracting); (ii) under Va. Code Section 18.2-498.1 <u>et seq.</u> (Va. Governmental Frauds Act); (iii) under Va. Code Section 59.1-68.6 <u>et seq.</u> (Conspiracy to Rig Bids); (iv) of a criminal violation of Va. Code Section 40.1-49.4 (enforcement of occupational safety and health standards); or (v) of violating any substantially similar federal law or law of another state? Yes No		
	2.	Is Applicant Firm or any officer, director, member, partner or owner currently debarred from doing federal, state or local government work for any reason? Yes No		
VI.	Com	<u>pliance</u>		
	If you answer yes to any of the following, please on a separate attachment give the date of the termination order, or payment, describe the project involved, and explain the circumstances relating to same, including the names, addresses and phone numbers of persons who might be contacted for additional information.			
	1.	Has Applicant Firm:		
		a. ever been suspended or terminated on a construction contract for cause? Yes No		
		 within the last five (5) years, made payment of actual and/or liquidated damages for failure to complete a project by the contracted date? Yes No 		
	2.	Has Applicant Firm, in the last three (3) years, received a final order for willful and/or repeated violation(s) for failure to abate issued by the United States Occupational Safety and Health Administration or by the Virginia Department of Labor and Industry or any other government agency? Yes No		
	3.	Have any Performance or Payment Bond claims ever been paid by any surety on behalf of Applicant Firm? Yes No		
VII.	Expe	<u>rience</u>		
	If Applicant Firm has multiple offices, provide the following information for the office that would handle projects under this pre-qualification. If that office has limited history, list its experience first.			
	1.	List number of years Applicant Firm been in business as a specialty signage contractor.		
	2.	List at three (3) successfully completed projects of similar scope and size within the last five years; project narrative/description with pictures; project cost (original and actual); scheduled project completion dates; and actual completion dates. If a project was not completed on time, indicate why not completed on time.		

- 3. Provide the following information:
 - a. Project Foreman/Superintendent along with years of experience in this role with firm.
 - b. Subcontractors along with years of experience working with Applicant Firm
 - c. List of Material Suppliers and amount credit available

- 4. List Wayside signage projects Applicant Firm is currently involved in; giving the name of the project, owner, bid amount, final or projected contract amount, percent complete, reference and scheduled completion date, and general project parameters.
- 5. Provide detailed resumes of both design and field personnel employed by Applicant Firm, length of employment and involvement with the projects referenced above in items #3 and 4. Give additional external references for new employees.
- 6. Describe how Applicant Firm would staff this project. Submit the name and qualifications of the proposed project manager and lead field personnel for the project and describe why he or she is qualified for this job.
- 7. List all required disciplines (work performed in house and any subcontractors) for this project clearly indicating in-house as well as outside staff.
- 8 Describe how Applicant Firm plans to provide submittal support, execution of a work plan for remediation of prior work installed, troubleshooting, and service after the system is installed. Provide name and location of Applicant Firm's service personnel.
- 9. Provide information describing the Firm's safety record, safety training programs, safety awards earned, and EMR (Experience Modification Rating Factor.)
- 10. List Wayside Signage projects where the Firm has performed work for the City of Fredericksburg or other Virginia local governments as a prime contractor in the previous five (5) years.

VIII. Signatures

The undersigned certifies under oath that the information contained in this Statement of Qualifications and attachments hereto is complete, true and correct as of the date of this Statement.

·	(name of entity submitting this Statement of Qualifications)			
Na	Name of Signer (print)			
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Sig	gnature:			
Ti	tle:			
Da	ate:			
ary				
of	tu of			
cribed 	ty of day of,			
_	Motory Dublic Construe			

My commission expires:		
Registration No.		
	Notary Seal:	

Attachments:

- 1. Latest Dun and Bradstreet Report
- Additional information, if any, provided under Sections II, III, IV, V, VI
 Additional information, project data sheets, project summaries/write-ups provided under Section VII